 <b>Madison County Circuit Court</b>	<h1>CIVIL SUMMONS</h1>	<b>Docket Number</b> <u>C-12-323</u> <b>Division</b> <u>III</u>
<b>DARLENE HASLER VS. K-MART CORPORATION AND AMERICAN GREETINGS CORPORATION</b>		

SERVE ON:

**AMERICAN  
GREETINGS  
CORPORATION**

**Through Registered Agent: Corporation Service Company**  
**2908 Poston Ave.**  
**Nashville, TN 37203**

You are hereby summoned to defend a civil action filed against you in Circuit Court of Madison County, Tennessee. Your defense must be made within thirty (30) days from the date this Summons is served upon you. You are directed to file your defense with the Clerk of the Court and send a copy to the Plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the Complaint.

Date:

12/20/12
A Howard  
 Clerk / Deputy Clerk

Attorney for Plaintiff:

James S. Haywood, Jr.  
P.O. Box 438 - Brownsville, TN 38012

### NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA § 26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to Madison County Circuit Court Clerk - 515 S. Liberty - Jackson, TN 38301

### CERTIFICATION (IF APPLICABLE)

I, KATHY BLOUNT, Circuit Court Clerk of Madison County, Tennessee, do certify this to be a true and correct copy of the original Summons issued in this case.

Date:

Clerk / Deputy Clerk

### OFFICER'S RETURN:

Please execute this Summons and make your return within thirty (30) days of issuance as provided by law.  
I certify that I have served this Summons together with the Complaint as follows:


Date:

By:

Officer/Title

**RETURN ON SERVICE OF SUMMONS BY MAIL:** I hereby certify and return that on \_\_\_\_\_, I sent postage prepaid, by Registered Return Receipt Mail or Certified Return Receipt Mail, a certified copy of the Summons and a copy of the Amended Complaint in the above styled case, to the Defendant \_\_\_\_\_. On \_\_\_\_\_ I received the return receipt, which had been signed by \_\_\_\_\_ on \_\_\_\_\_. The return receipt is attached to this original Summons to be filed with the Court Clerk.

Date:

 **IF YOU HAVE A DISABILITY  
AND REQUIRE ASSISTANCE,  
PLEASE CALL  
731-988-3070**

Notary Public / Deputy Clerk (Comm. Expires \_\_\_\_\_)

Plaintiff's Attorney (or Person Authorized to Serve Process)

(Attach return receipt on back)

ADA: If you need assistance or accommodations because of a disability, please call \_\_\_\_\_, ADA Coordinator at ( )

**EXHIBIT**  
A

**Copy For Service on Defendant -  
AMERICAN GREETINGS CORPORATION**

IN THE CIRCUIT COURT FOR THE TWENTY-SIXTH JUDICIAL DISTRICT  
OF MADISON COUNTY, TENNESSEE  
AT JACKSON

DARLENE HASLER,  
Plaintiff,

VS.

*1/7/13 - Clerk*  
*NO returns.*  
K-MART CORPORATION AND  
AMERICAN GREETINGS CORPORATION,  
Defendants.

DOCKET NO. *C-12-323*

DIVISION *III Judge Pridemore*

**JURY DEMANDED**

**FILED**

DEC 20 2012

KATHY BLOUNT, CIRCUIT COURT CLERK  
DEPUTY CLERK  
3:19 P.M.

**COMPLAINT**

COMES NOW the Plaintiff, DARLENE HASLER, by and through her attorney, James S. Haywood, Jr., and would respectfully show and state unto this Honorable Court as follows:

1. That at the time of the incident complained of herein, the acts and actions complained of occurred in Madison County, Tennessee, and this Court has both venue and jurisdiction over this cause.
2. That the Defendant, K-MART CORPORATION, is a foreign corporation doing business in Jackson, Madison County, Tennessee.
3. That the Defendant, AMERICAN GREETINGS CORPORATION, is a foreign corporation doing business in Jackson, Madison County, Tennessee.
4. That the Defendant, K-MART CORPORATION, has a retail outlet store located at 732 Old Hickory Blvd., Jackson, Madison County, Tennessee.
5. That the Defendant, K-MART CORPORATION, offers general merchandise to the general public and that said store permitted and/or allowed the Defendant, AMERICAN GREETINGS CORPORATION, to place certain of their products in the above-noted

- store, specifically an “end cap” of greeting cards at the end of one of the aisles in the store.
6. That the Defendant, K-MART CORPORATION, was open for business, with a general invitation to the general public to shop and/or make purchases from their inventory of goods.
  7. That on December 21, 2011, the Plaintiff, DARLENE HASLER, was an invited guest of the Defendant, K-MART CORPORATION, in the business location at the above-referenced address.
  8. That at the above-noted time and location, the Plaintiff, DARLENE HASLER, entered the store and proceeded through the aisles of the store to shop.
  9. That as the Plaintiff, DARLENE HASLER, approached the end of an aisle, an “end cap” of a greeting card display fell and struck the Plaintiff on the right side of her head, her right shoulder and her upper back.
  10. That said greeting card display on the “end cap” had been placed there by an agent and/or employee of the Defendant, AMERICAN GREETINGS CORPORATION.
  11. That the Plaintiff, DARLENE HASLER, immediately experienced pain in her head, right shoulder and upper back and shortly following the incident complained of herein, she presented to the Emergency Room at Haywood Park Community Hospital, where it was determined that her condition represented a certified medical emergency and it was observed that she had a contusion and her scalp and right shoulder.
  12. That on the Customer/Vendor Accident Reporting Template completed by, Charles Gray, a store associate of the Defendant, K-MART CORPORATION, on the date of the incident complained of herein, it was noted that “side panel of end cap in greeting cards

fell and struck customer on right shoulder and right side of her head (back)” and that upon inspection of the area it was found that there was a “broken side panel on end cap”.

13. That Plaintiff avers that it became the duty of the Defendants, jointly and severally, through their agents, servants and/or employees to maintain their displays in a safe and proper condition for the ingress or egress of persons lawfully making visit to said store and that the Defendants, through their agents, servants and/or employees knew, or by exercise of reasonable care, should have known that there was a problem with the proper securing, construction and/or parts of the “end cap” display, thereby causing it to fall and injure the Plaintiff.
14. That Plaintiff further avers that at the time of the incident complained of herein, the Defendants, jointly and severally, through their agents, servants and/or employees disregarded their duty in not properly constructing, securing and/or maintaining the “end cap” display of greeting cards in a safe and proper condition for their customers and, therefore, were by reason of such failure guilty of gross negligence which is the result of the Plaintiff’s injury.
15. That as a direct and proximate result of the negligence of the Defendants as herein set out, the Plaintiff, DARLENE HASLER, has been forced to seek medical attention from competent physicians and medical facilities, for said injuries to her head, right shoulder and upper back.
16. That the injuries to Plaintiff’s head, right shoulder and upper back continues her cause her difficulty, resulting in occipital headaches and seizures, as well as continued intermittent pain in her right shoulder and upper back, and she will continue to suffer pain from same in the future.

17. That the Plaintiff further avers that as a direct and proximate result of the injuries she suffered as a result of the negligence of the Defendants, jointly and severally, she has incurred medical, hospital and physicians bills in the amount of \$ 6,584.72 (attached hereto as Exhibit "A").
18. That the Plaintiff further avers that as a direct and proximate result of the injuries she suffered as a result of the negligence of the Defendants, she will continue to incur medical bills in the future for her permanent and disabling injury complained of herein.
19. That the sole and proximate cause of Plaintiff's injuries was the negligence of the Defendants, jointly and/or severally, by and through their agents, servants and/or employees as herein set out.

WHEREFORE, PREMISES CONSIDERED, the Plaintiff, DARLENE HASLER, prays as follows:

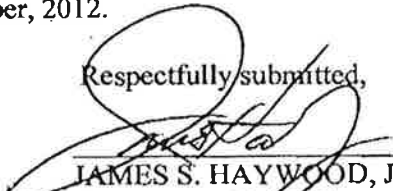
1. That proper process issue upon the Defendants, K-MART CORPORATION and AMERICAN GREETINGS CORPORATION, requiring them to answer this Complaint in a timely manner.
2. That the Plaintiff receive judgment against the Defendants in the amount of One Hundred Twenty-Five Thousand and No/100 Dollars (\$125,000.00) for actual, compensatory and incidental damages for the acts and/or omissions of the Defendants as a result of the injuries to the Plaintiff as complained of herein.
3. That the Plaintiff receive judgment against the Defendants for an additional Fifty Thousand Dollars and No/100 Dollars (\$50,000.00) for "punitive damages" for the Defendants' willful, wanton and total disregard for the safety of others which amounted to gross negligence and misconduct.

4. That the Defendants be required to pay the costs of this cause.
5. For such other, further and general relief to which the Plaintiff may be entitled, both in equity and law.

**PLAINTIFF DEMANDS A JURY FOR THE TRIAL OF THIS MATTER.**

DATED this 19<sup>th</sup> day of December, 2012.

Respectfully submitted,

  
JAMES S. HAYWOOD, JR.  
Attorney for Plaintiff  
P.O. Box 438  
50 Boyd Avenue  
Brownsville, TN 38012  
(731) 772-9127

BPR # 009482

  
DARLENE HASLER, Plaintiff

STATE OF TENNESSEE    }  
COUNTY OF HAYWOOD   }

On this 19<sup>th</sup> day of December, 2012, before me personally appeared DARLENE HASLER, to me known to be the person described in and who executed the foregoing Complaint, and acknowledged that she executed the same as her free act and deed.

  
NOTARY PUBLIC

My Commission Expires: 11/18/2013



COST BOND

I, JAMES S. HAYWOOD, JR., am surety in this cause not to exceed \$1,000.00.



JAMES S. HAYWOOD, JR.



EXHIBIT "A"

**Medical Payment Summary**

Claimant: HASLER, DARLENE  
 Date of Incident: 12/21/2011  
 Last Update: 10/11/2012  
 RSS File Number: 17411521  
 Analyst: Ann Kessler

Please send all payments to:

Ingenix Subrogation Services  
 75 Remittance Drive  
 Suite 6019  
 Chicago, IL 60675-6019

**INGENIX**

Total Billed: \$5,228.84  
 Total Paid: \$1,063.30  
 created on: 11/15/2012

First Date of Claim Number		Provider	Amount Billed	Amount Paid	Paid Date	Capitalized	Diagnosis Codes	Diagnosis Desc.
12/21/2011	LE000972200	HAYWOOD PARK COMMUNITY HOSP	\$1,507.82	\$676.87	01/10/2012	No	820.223.00 700.81 345.00	CONTUS FACE SCALP/NECK EXCEPT EYE
12/21/2011	LE001385000	INDEPENDENT RADIOLOGY ASCS	\$206.00	\$27.48	01/12/2012	No	959.01 784.0	HEAD INJURY, UNSPECIFIED
12/21/2011	MR372318100	ELITE EMERGENCY SERVICES	\$413.00	\$106.16	01/03/2012	No	959.01 820.822.00	HEAD INJURY, UNSPECIFIED
12/27/2011	HL012335700	HAYWOOD PARK COMMUNITY HOSP	\$324.32	\$188.51	01/28/2012	No	719.41 723.1 722.4	PAIN IN JOINT, SHOULDER REGION
12/27/2011	LE008740500	INDEPENDENT RADIOLOGY ASCS	\$80.00	\$9.72	01/28/2012	No	959.09 721.3	INJURY FACE/NECK
12/27/2011	LE008740500	INDEPENDENT RADIOLOGY ASCS	\$42.00	\$5.88	01/28/2012	No	855.6	OTHER/UNSPECIFIED
12/27/2011	MR372757100	CLAREY R DOHLMING MD	\$75.00	\$44.00	01/03/2012	No	959.08 959.2	INJURY FACE/NECK
Subtotal \$5,228.84				\$1,063.30				OTHER/UNSPECIFIED

Tax ID # 41-1858498



09/27/2012 16:15 DOWLING CLINIC

(FAX)/31 772 2664

P.004/004

**CLAREY R. DOWLING, MD, P.C.**  
 2569 NORTH WASHINGTON AVENUE  
 BROWNSVILLE, TN 38012-1610  
 (731)772-4411

Page: 1

9/27/2012

**Patient:** DARLENE HASLER  
 3743 HWY 70 W  
 BROWNSVILLE, TN 38012

**Chart #:** HASDA000

**Case #:** 47763

**Instructions:**

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
12/27/2011	E & M LEVEL 3	99213	AQ	959.09	959.2			1	75.00
12/28/2011	COMMENT	COMMENT						1	0.00

*head & neck injury*

**Provider Information**

**Provider Name:** CLAREY R. DOWLING MD  
**License:** 12699  
**Commercial PIN:**  
**SSN or EIN:** 621124532

**Total Charges:** \$ 75.00  
**Total Payments:** \$ 0.00  
**Total Adjustments:** \$ 0.00  
**Total Due This Visit:** \$ 75.00  
**Total Account Balance:** \$ 256.83

**Assign and Release:** I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

09/27/2012 16:15 DOWLING CLINIC

(FAX)731 772 2664

P.002/004

**CLAREY R. DOWLING, MD, P.C.**  
 2589 NORTH WASHINGTON AVENUE  
 BROWNSVILLE, TN 38012-1610  
 (731)772-4411

Page: 1

9/27/2012

Patient: DARLENE HASLER  
 3743 HWY 70 W  
 BROWNSVILLE, TN 38012

Chart #: HASDA000

Case #: 56235

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
7/16/2012	E & M LEVEL 4	99214	AQ	719.41	726.90	174.9		1	130.00
7/16/2012	XRAY SHOULDER 2views	73030		719.41				1	48.00
7/16/2012	DEPOMEDROL	J1030			726.90			1	15.00
7/16/2012	CBC	85025				174.9		1	25.00
7/16/2012	CHEST X RAY - PROF & TECH	71020	TC			174.9		1	60.00
7/18/2012	COMMENT	COMMENT						1	0.00
7/20/2012	Co Insurance Amount	COINS						1	0.00
7/20/2012	Co Insurance Amount	COINS						1	0.00

*Shoulder pain*

**Provider Information**

Provider Name: CLAREY R. DOWLING MD  
 License: 12699  
 Commercial PIN:  
 SSN or EIN: 621124532

Total Charges:	\$ 278.00
Total Payments:	\$ 0.00
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 278.00
Total Account Balance:	\$ 256.83

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HAYWOOD PARK COMM HOSP  
2545 N WASHINGTON AVE  
BROWNSVILLE TN  
38012-1610  
731-772-4110

PATIENT NAME HASLER DARLENE  
ACCOUNT NO. 5112165  
ADMIT DATE 12/21/11  
DIS. DATE 12/21/11  
PAGE 1

87640 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #  
HASLER DARLENE W MEDICARE HMO OT JD5037770  
3743 US HIGHWAY 70 W MEDICAID TENNES 336609770  
BROWNSVILLE TN 38012-6955

AGE 51  
DR. NAME SINOJIA GIRISH

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
1/12/12 0000000	PAYMENT			670.67CR	
1/12/12 0000001	ADJUSTMENT			175.08CR	
1/16/12 0000001	ADJUSTMENT			2611.87CR	
2/15/12 0000001	ADJUSTMENT			50.00CR	
2/15/12 0000000	PAYMENT			.00	
12/21/11 1631517	CT-HEAD WITHOUT	1	3202.42	3202.42	70450
12/21/11 1913223	INTERMEDIATE ED VIST	1	305.20	305.20	99283 25

\*\* SUMMARY OF CHARGES \*\*  
\*\* TOTAL CHARGES \*\* 3507.62  
\*\* TOTAL PAYMENTS \*\* 670.67CR  
\*\* TOTAL ADJUSTMENTS \*\* 2836.95CR  
\*\* TOTAL AMOUNT DUE \*\* .00

HAYWOOD PARK COMM HOSP  
2545 N WASHINGTON AVE  
BROWNSVILLE TN  
38012-1610  
731-772-4110

PATIENT NAME  
HASLER DARLENE

ACCOUNT NO. 5112290

ADMIT DATE 12/27/11

DIS. DATE 12/27/11

PAGE 1

87640 GUARANTOR NAME/ADDR.  
HASLER DARLENE  
3743 US HIGHWAY 70 W  
BROWNSVILLE TN 38012-6955

F/C N

INS. CO/PLANS  
MEDICARE HMO OT  
MEDICAID TENNES

POLICY #  
JD5037770  
336609770

AGE 51

DR. NAME  
DOWLING CLAREY RE

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
1/12/12 0000000	PAYMENT			.00	
2/14/12 0000000	PAYMENT			198.51CR	
2/14/12 0000001	ADJUSTMENT			725.81CR	
12/27/11 1612143	SP-CERVICAL SPIN 4V+	1	585.33	585.33	72050
12/27/11 1612167	UE-SHOULDER 2V+	1	338.99	338.99	73030 RT

\*\* SUMMARY OF CHARGES \*\*

\*\* TOTAL CHARGES \*\* 924.32

\*\* TOTAL PAYMENTS \*\* 198.51CR

\*\* TOTAL ADJUSTMENTS \*\* 725.81CR

\*\* TOTAL AMOUNT DUE \*\* .00



(731) 77-9551  
 Manager KVIN CAMPBELL  
 1100 S DUPREE AVE  
 BROWNSVILLE TN 38012  
 ST# 0064 DP# 00001909 TR# 79 TR# 08184  
 RX# 7158814 D38 QTY 1H 1.10 0  
 - UHC  
 RX# 7158813 D38 QTY 1H 1.10 0  
 - UHC  
 SUBTOTAL 2.20  
 TOTAL 2.20  
 CASH TEND 3.00  
 CHANGE DUE 0.80

# ITEMS SOLD 2

TC# 2779 8568 7632 6716 9767



Low prices. Every day. On everything.  
 Backed by our Ad Match Guarantee.  
 01/20/12 16:30:25

HASLER  
 DARLENE

Page No: 1 of 2

Signature Required Y  
 01/20/2012 04:21:33 PM

406

HASLER  
 DARLENE

Page No: 1 of 3

Signature Required Y  
 01/20/2012 04:21:36 PM

406

Drop Off: 1/1/0001 12:00:00 AM  
 Ready By: 1/20/2012 5:00:00 PM

Priority: Will Pick

UHC

HASLER  
 DARLENE  
 3743 HWY 70 W  
 BROWNSVILLE, TN 38012  
 (731) 779-0852  
 01/20/2012 (731) 772-6283  
 RX: 7158814 REF = 4

OC# 465 923 810 076 592 634 107 659 238

TOTAL: \$1.10



Drop Off: 1/20/2012 3:40:30 PM  
 Ready By: 1/20/2012 5:00:00 PM

Priority: Will Pick

UHC

HASLER  
 DARLENE  
 3743 HWY 70 W  
 BROWNSVILLE, TN 38012  
 (731) 779-0852  
 01/20/2012 (731) 772-6283  
 RX: 7158813 REF = 4

OC# 965 923 810 076 591 359 107 659 238

TOTAL: \$1.10



**DOWLING PHARMACY 731-772-2389**  
2571 N. Washington Avenue  
Brownsville, TN 38012

12/18/2012 02:28 pm From: 731-660-1127 To:  
12/18/2012 14:45 PHYSICIANS BILLING

18662523316 Page: 2  
(FAX)18662523316

P.002/007

Printed: 12/18/2012 02:15 PM  
User: LNALLY

# JACKSON MADISON COUNTY HOSP

## DETAILED PATIENT VISIT INVOICE

WEST TENNESSEE NEUROSCIENCES  
700 W. FOREST, SUITE 200

JACKSON, TN 38301-3904  
(800)233-2108

Encounter #: 5151224	Encounter Date: 01/20/2012
Billing Provider: 90	Federal Tax ID: 272980962
Location:	
Guarantor #: 181430	
Patient #: 167234	
DR. THOMAS HEAD MD	
WTN MAIN	
DARLENE HASLER	
3743 HWY 70 W	
BROWNSVILLE, TN 38012	
DARLENE HASLER	
3743 HWY 70 W	
BROWNSVILLE, TN 38012	

Patient's Employer at time of Visit:

### Diagnosis Summary

Rank	Diagnosis Code	Description
1	345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
2	784.0	HEADACHE

### Transaction Detail

Responsible	Rev?	Date	Code	Description	Examining Provider	Diag	Qty	Fee	Amount
SECURE PLUS COMPLETE - AMERI	N	01/20/2012	99214	OFFICE/OUTPATIENT VISIT, EST	90-HEAD, THOMAS	1,2	1	\$181.00	\$181.00
	N	02/22/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	02/22/2012	PAYTOR	TENNCARE PAYMENT	90-HEAD, THOMAS	1,2	1		\$0.00
	N	02/22/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	1,2	1		-\$83.54
	N	02/22/2012	RESP	1_Deductible Amount	90-HEAD, THOMAS	1,2	1		-\$97.46
	N	11/01/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	02/22/2012	RESP	1_Deductible Amount	90-HEAD, THOMAS	1,2	1		\$97.46
	N	02/23/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	05/02/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	05/29/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
MEDICAID TN	N	06/06/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	10/31/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	11/14/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	12/03/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
								Procedure Balance	\$97.46

### Balances for Visit

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
0.00	97.46	0.00	0.00	0.00	97.46

### Balances for Guarantor

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
\$19.49	\$244.76	\$0.00	\$0.00	\$0.00	264.25



12/18/2012 02:28 pm From: 731-660-1127 To:  
12/18/2012 14:45 PHYSICIANS BILLING

18662523316 Page: 3  
(FAX)18662523316

P.009/007

Printed: 12/18/2012 02:15 PM  
User: UNALLY

# JACKSON MADISON COUNTY HOSP

## DETAILED PATIENT VISIT INVOICE

WEST TENNESSEE NEUROSCIENCES  
700 W. FOREST, SUITE 200

JACKSON, TN 38301-3904  
(800)233-2108

Encounter #: 5181380  
Billing Provider: 90  
Location:  
Guarantor #: 181430  
Patient #: 167234  
DR. THOMAS HEAD MD  
WTN MAIN  
DARLENE HASLER  
3743 HWY 70 W  
BROWNSVILLE, TN 38012  
DARLENE HASLER  
3743 HWY 70 W  
BROWNSVILLE, TN 38012

Encounter Date: 02/28/2012  
Federal Tax ID: 272980962

Patient's Employer at time of Visit:

### Diagnosis Summary

Rank	Diagnosis Code	Description
1	345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
2	784.0	HEADACHE
3	305.1	NONDEPENDENT TOBACCO USE DISORDER

### Transaction Detail

Responsible	Rev?	Date	Code	Description	Examining Provider	Diag	Qty	Fee	Amount
SECURE PLUS COMPLETE - AMERI	N	02/28/2012	99213	OFFICE/OUTPATIENT VISIT, EST	90-HEAD, THOMAS	1,2	1	\$121.00	\$121.00
	N	04/16/2012	PAYDNL	ZERO DOLLAR PAYMENT	90-HEAD, THOMAS	1,2	1		\$0.00
	N	04/16/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	04/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	1,2	1		-\$52.60
	N	04/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	1,2	1		-\$55.25
	N	04/16/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2	1		-\$13.15
	N	04/16/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2	1		\$13.15
	N	04/19/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
MEDICAID TN	N	08/08/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
	N	08/21/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2	1		\$0.00
								Procedure Balance:	\$13.15
	N	02/28/2012	99406	BEHAV CHNG SMOKING 3-10 MII	90-HEAD, THOMAS	3	1	\$34.00	\$34.00
	N	04/16/2012	PAYDNL	ZERO DOLLAR PAYMENT	90-HEAD, THOMAS	3	1		\$0.00
SECURE PLUS COMPLETE - AMERI	N	04/16/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	3	1		\$0.00
	N	04/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	3	1		-\$12.93
	N	04/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	3	1		-\$21.07
								Procedure Balance:	\$0.00

### Balances for Visit

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
0.00	13.15	0.00	0.00	0.00	13.15

### Balances for Guarantor

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
\$19.49	\$244.76	\$0.00	\$0.00	\$0.00	264.25

12/18/2012 02:29 pm From: 731-660-1127 To:  
 12/18/2012 14:46 PHYSICIANS BILLING

18662523316 Page: 4  
 (FAX)18662523316

P.004/007

Printed: 12/18/2012 02:15 PM  
 User: LNALLY

# JACKSON MADISON COUNTY HOSP

## DETAILED PATIENT VISIT INVOICE

WEST TENNESSEE NEUROSCIENCES  
 700 W. FOREST, SUITE 200

JACKSON, TN 38301-3904  
 (800)233-2108

Encounter #: 5347622	Encounter Date: 09/19/2012
Billing Provider: 90	Federal Tax ID: 272980962
Location:	
Guarantor #: 181430	DR. THOMAS HEAD MD
	WTN MAIN
	DARLENE HASLER
	3743 HWY 70 W
	BROWNSVILLE, TN 38012
Patient #: 167234	DARLENE HASLER
	3743 HWY 70 W
	BROWNSVILLE, TN 38012

Patient's Employer at time of Visit:

### Diagnosis Summary

Rank	Diagnosis Code	Description
1	345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
2	784.0	HEADACHE
3	782.0	DISTURBANCE OF SKIN SENSATION

### Transaction Detail

Responsible	Rev?	Date	Code	Description	Examining Provider	Diag	Qty	Fee	Amount
CAHABA MEDICARE PART B	N	09/19/2012	99214	OFFICE/OUTPATIENT VISIT, EST	90-HEAD, THOMAS	1,2,3	1	\$181.00	\$181.00
	N	10/04/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2,3	1		\$0.00
	N	10/04/2012	PAYMCR	MEDICARE PAYMENT	90-HEAD, THOMAS	1,2,3	1		\$0.00
	N	10/04/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2,3	1		\$0.00
	N	10/08/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2,3	1		\$0.00
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	RESP	ENCOUNTER POLICY CHANGED	90-HEAD, THOMAS	1,2,3	1		-\$181.00
	N	10/11/2012	RESP	ENCOUNTER POLICY CHANGED	90-HEAD, THOMAS	1,2,3	1		\$181.00
	N	11/08/2012	PAYTOR	TENNCARE PAYMENT	90-HEAD, THOMAS	1,2,3	1		-\$77.97
	N	11/08/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	1,2,3	1		-\$83.54
	N	11/08/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2,3	1		-\$19.49
GUARANTOR	N	11/12/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2,3	1		\$0.00
	N	11/08/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2,3	1		\$19.49
Procedure Balance:									\$19.49

### Balances for Visit

Guarantor	Insurance	Worker's Comp.	Other	Collections	Total
19.49	0.00	0.00	0.00	0.00	19.49

### Balances for Guarantor

Guarantor	Insurance	Worker's Comp.	Other	Collections	Total
\$19.49	\$244.76	\$0.00	\$0.00	\$0.00	264.25

12/18/2012 02:29 pm From: 731-660-1127 To:  
12/18/2012 14:46 PHYSICIANS BILLING

18662523316 Page: 5  
(FAX)18662523318

P.005/007

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# JACKSON MADISON COUNTY HOSP

## DETAILED PATIENT VISIT INVOICE

WEST TENNESSEE NEUROSCIENCES  
700 W. FOREST, SUITE 200

JACKSON, TN 38301-3904  
(800)233-2108

Encounter #: 5367625  
Billing Provider: 90  
Location:  
Guarantor #: 181430

Patient #: 167234

DR. THOMAS HEAD MD  
WTN MAIN  
DARLENE HASLER  
3743 HWY 70 W  
BROWNSVILLE, TN 38012  
DARLENE HASLER  
3743 HWY 70 W  
BROWNSVILLE, TN 38012

Encounter Date: 10/11/2012  
Federal Tax ID: 272980962

Patient's Employer at time of Visit:

### Diagnosis Summary

Rank	Diagnosis Code	Description
1	345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
2	782.0	DISTURBANCE OF SKIN SENSATION
3	729.5	PAIN IN LIMB
4	723.1	CERVICALGIA

### Transaction Detail

Responsible	Rev?	Date	Code	Description	Examining Provider	Diag	Qty	Fee	Amount
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	99213	OFFICE/OUTPATIENT VISIT, EST	90-HEAD, THOMAS	1,2,3,4	1	\$121.00	\$121.00
	N	11/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	1,2,3,4	1		-\$52.60
	N	11/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	1,2,3,4	1		-\$55.25
	N	11/16/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2,3,4	1		-\$13.15
	N	11/16/2012	RESP	2_COINSURANCE AMOUNT	90-HEAD, THOMAS	1,2,3,4	1		\$13.15
MEDICAID TN	N	12/04/2012	NOTE	NOTE_TRANSACTION	90-HEAD, THOMAS	1,2,3,4	1		\$0.00
Procedure Balance:									\$13.15
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	95900	MOTOR NERVE CONDUCTION TE	90-HEAD, THOMAS	2,3	2	\$322.00	\$322.00
	N	11/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	2,3	2		-\$117.94
	N	11/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	2,3	2		-\$204.06
Procedure Balance:									\$0.00
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	95904	SENSE NERVE CONDUCTION TE	90-HEAD, THOMAS	2,3	4	\$548.00	\$548.00
	N	11/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	2,3	4		-\$207.88
	N	11/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	2,3	4		-\$340.12
Procedure Balance:									\$0.00
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	95903	MOTOR NERVE CONDUCTION TE	90-HEAD, THOMAS	2,3	2	\$346.00	\$346.00
	N	11/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	2,3	2		-\$138.24
	N	11/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	2,3	2		-\$207.76
Procedure Balance:									\$0.00
SECURE PLUS COMPLETE _ AMERI	N	10/11/2012	95886	MUSC TEST DONE W/N TEST CO	90-HEAD, THOMAS	2,3	1	\$220.00	\$220.00
	N	11/16/2012	PAYTCR	TENNCARE PAYMENT	90-HEAD, THOMAS	2,3	1		-\$81.24
	N	11/16/2012	DSTCR	TENNCARE DISALLOW	90-HEAD, THOMAS	2,3	1		-\$138.76
Procedure Balance:									\$0.00

12/18/2012 02:30 pm From: 731-660-1127 To:  
 12/18/2012 14:47 PHYSICIANS BILLING

18662523316 Page: 7  
 (FAX)18662523316

P.007/007

Printed: 12/18/2012 02:15 PM  
 User: LVALLY

# **JACKSON MADISON COUNTY HOSP** **DETAILED PATIENT VISIT INVOICE**

WEST TENNESSEE NEUROSCIENCES  
 700 W. FOREST, SUITE 200

JACKSON, TN 38301-3904  
 (800)233-2108

Encounter #: 5405519	DR: THOMAS 'HEAD' MD	Encounter Date: 11/20/2012
Billing Provider: 90	WTN MAIN	Federal Tax ID: 272980962
Location:		
Guarantor #: 181430	DARLENE HASLER	
	3743 HWY 70 W	
	BROWNSVILLE, TN 38012	
Patient #: 167234	DARLENE HASLER	
	3743 HWY 70 W	
	BROWNSVILLE, TN 38012	

Patient's Employer at time of Visit:

## **Diagnosis Summary**

Rank	Diagnosis Code	Description
1	784.0	HEADACHE
2	345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
3	782.0	DISTURBANCE OF SKIN SENSATION

## **Transaction Detail**

Responsible	Rev?	Date	Code	Description	Examining Provider	Diag	Qty	Fee	Amount
SECURE PLUS COMPLETE - AMERI	N	11/20/2012	99213	OFFICE/OUTPATIENT VISIT, EST	90-HEAD, THOMAS	1,2,3	1	\$121.00	\$121.00
Procedure Balance:									\$121.00

## **Balances for Visit**

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
0.00	121.00	0.00	0.00	0.00	121.00

## **Balances for Guarantor**

Guarantor	Insurance	Worker's Comp	Other	Collections	Total
\$19.49	\$244.76	\$0.00	\$0.00	\$0.00	264.25

Date Printed: 12/18/2012  
Time Printed: 09:14:18

JACKSON CLINIC PA  
955 R NORTH PARKWAY

Page 1

JACKSON TN 38202  
Tax ID# 620885660

Group#: JAX

Inv#	Servdate	Rp	Dept	Dr	Pao	Ref	Proc	MI	MI Desc	Disg 1	Ins/Comment	Amount	Resp Bal	Ins Bal
Patient#: 10110008 HASLER, DARLENE														
171	08/08/12	1	ON	125	JCMH	125	99213		ESTABLISHED P	162.3		72.42	.00	.00
	08/22/12						1000		MEDICARE PNT		201203221230007	-44.00		
	08/24/12						1000		MEDICARE PNT		101747681	-2.81		
171	08/22/12						3000		MEDICARE ADV			-10.26		
171	08/24/12						3001		MEDICARE ADV		101747681	-8.48		
172	08/08/12	1	ON	125	JCMH	125	8686		HEPARIN SUBQ	VS8.11		8.00	.00	.00
	08/22/12						1000		MEDICARE PNT		201203221230007	-2.89		
	08/24/12						1000		MEDICARE PNT		101747681	-2.04		
172	08/24/12						3001		MEDICARE ADV		101747681	-2.12		
172	08/22/12						3000		MEDICARE ADV			-8.19		
172	08/08/12	1		125	JCMH	125	85028		CRP AUTOMATED	162.3		11.45	.00	.00
	08/07/12						1000		MEDICARE PNT		201206041110024	-4.86		
173	08/07/12						3000		MEDICARE ADV		201206041110024	-4.79		
174	08/08/12	1		125	JCMH	125	84550		URIC ACID BLO	162.3		8.89	.00	.00
	08/07/12						1000		MEDICARE PNT		201206041110024	-2.65		
174	08/07/12						3000		MEDICARE ADV		201206041110024	-2.94		
170	08/08/12	1		125	JCMH	125	80089		COMPREHENSIVE	162.3		18.59	.00	.00
	08/07/12						1000		MEDICARE PNT		201206041110024	-8.06		
170	08/07/12						3000		MEDICARE ADV		201206041110024	-7.93		
176	08/08/12	1		125	JCMH	125	83615		LACTIC DEHYDR	162.3		8.81	.00	.00
	08/07/12						1000		MEDICARE PNT		201206041110024	-2.84		
176	08/07/12						3000		MEDICARE ADV		201206041110024	-5.27		
177	08/18/12	1	OS	201	JCMH	201	80042		NO CHARGE FOR	162.9		.00	.00	.00
170	08/16/12	1	OS	201	JCMH	201	86890		RENAL TUBULES	162.9		270.04	.00	.00
	08/07/12						1000		MEDICARE PNT		201206041110024	-181.91		
	11/02/12						1000		MEDICARE PNT		101814915	-11.37		
	10/11/12						1000		MEDICARE PNT			.00		
178	08/07/12						3000		MEDICARE ADV		201206041110024	-49.67		
178	11/02/12						3001		MEDICARE ADV		101814915	-24.11		

4) AA MONTH

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00
--> Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00

2) Patient Name 10110008 HASLER, DARLENE

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00
--> Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00

3) Resp Name 10110008 HASLER, DARLENE

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00
--> Charges :	393.82	Pays :	-287.49	Adjs :	-136.33	Bal Due :	.00

From: 1 7176970825 Page: 1/5 Date: 12/14/2012 7:23 AM



101 RIVERFRONT BOULEVARD, SUITE 100  
BRADENTON, FLORIDA 34205  
PHONE (941) 798-2098 FAX (941) 798-3403  
WWW.GOULDANDLAMB.COM

FACSIMILE TRANSMITTAL SHEET

Gould & Lamb

12/14/2012

Ecker

RECEIVED OF  
HARRISBURG, CV, P.A.  
2012 DEC 17 A 10:08  
GALLAGHER BASSETT  
SERVICES, INC.

Michael Schaeffer  
Gallagher Bassett - Harrisburg CV, PA - 179  
4 Flowers Drive  
Mechanicsburg, PA 17050

RE: Darlene Hasler

Claim #: 000709-039731-GB-01

Gould & Lamb (G&L) has been informed by The Medicare Secondary Payer Recovery Contractor (MSPRC) that Darlene Hasler has \$0.00 in conditional payments related to this claim. This conditional payment amount is not final and is subject to change until a settlement is reached.

At the time of settlement, if you would like G&L to proceed with a Final Demand Request Service of the conditional payment amount, please provide the following:

- The signed and dated executed settlement/resolution agreement showing the total amount of the settlement and closing statement reflecting the actual amount of the attorney's fees and procurement costs
- MSPRC Final Demand Worksheet (enclosed)

The attached report is password protected in order to comply with HIPAA. To open it, use the last 4 digits of the Claimant's Social Security Number or your designated password.

Should you have questions/concerns, please contact me at the numbers/email address listed below.

Regards,

Monika Mann  
Gould & Lamb, LLC  
101 Riverfront Boulevard, Suite 100  
Bradenton, FL 34205  
P 941 798 2098 x 1490  
F 941 798 3403  
[mmann@gouldandlamb.com](mailto:mmann@gouldandlamb.com)



From: 7176970625 Page: 2/5 Date: 12/14/201 17:24 AM

Learn about your letter at [www.msprc.info](http://www.msprc.info)

November 23, 2012

188-1 AB 0374

\*\*\*AUTO\*\*ALL FOR AADC 335 R:188 I:5 P:6 PC:2 F:135301

GOULD &amp; LAMB

101 RIVERFRONT BLVD STE 101

BRADENTON, FL 34205-8802

**\*COPY\***

For Information Only

November 23, 2012

188-1 AB 0374

\*\*\*AUTO\*\*ALL FOR AADC 335 R:188 T:5 P:6 PC:2 F:135301

DARLENE HASLER

3743 US HIGHWAY 70 W

BROWNSVILLE, TN 38012-6955

Beneficiary Name: HASLER, DARLENE  
 Medicare Number: 336609770A  
 Case Identification Number: 20121 88090 01024  
 Date of Incident: December 21, 2011

Dear DARLENE HASLER:

This letter follows a previous letter notifying you of Medicare's priority right to recovery as defined under the Medicare Secondary Payer provision. To date, Medicare has not paid any claims that currently appear related to the beneficiary's pending settlement, judgment, or award for the above-referenced incident.

It is possible that Medicare may have paid claims related to the date of incident but may not have

MSPRC LIABILITY  
 PO BOX 138832  
 OKLAHOMA CITY, OK 73113

SGI.B08NGHP  
 Page 1 of 3



From: 7176970625 Page: 3/5 Date: 12/14/2011 4:24 AM

Learn about your letter at [www.msprc.info](http://www.msprc.info)

been retrieved and/or included for the following reasons: the nature of the injury or illness has not been provided or is incomplete, or all claims have not been submitted by the providers. However, Medicare may pay related claims in the future. Therefore, when the case does settle, please complete the attached, "Final Settlement Detail Document" and return it to us. Upon receipt of the completed documents, we will perform a final search of Medicare claims history and notify you if a refund is due Medicare.

*Please note: If the underlying claim involves ingestion, exposure, implantation, or other non-trauma based injury, Medicare may have excluded the paid claims related to your case. Please contact the MSPRC immediately with a description of the injury so that we may associate the appropriate claims with the case.*

Should conditional payment information become available, it will be posted under the "MyMSP" tab of the [www.mymedicare.gov](http://www.mymedicare.gov) website. The information at [www.mymedicare.gov](http://www.mymedicare.gov) will be updated weekly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you/ your attorney with finalizing your settlement.

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/1DD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. When sending any correspondence please provide the Beneficiary Name, Medicare Health Insurance Claim Number (the number on the Medicare card), and Case Identification Number (if known). This will allow us to associate the correspondence to the appropriate records.

Sincerely,

MSPRC  
Enclosure: Final Settlement Detail Document

CC: GOULD & LAMB  
CC: JAMES S HEYWOOD

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

SCLB08NGHP  
Page 2 of 3

From: 7176970625 Page: 4/5 Date: 12/14/2011 17:24 AM

Learn about your letter at [www.msprc.info](http://www.msprc.info)

## Final Settlement Detail Document

Beneficiary Name: ~~HASLER, DARLENE~~

Medicare Number: 336609770A

Date of Incident: December 21, 2011

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. See 42 C.F.R. 411.37. In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute - for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

Total Amount of the Settlement: \_\_\_\_\_

Total Amount of Med-Pay or PIP: \_\_\_\_\_

Attorney Fee Amount Paid by the Beneficiary: \_\_\_\_\_

Additional Procurement Expenses Paid by the Beneficiary: \_\_\_\_\_

(Please submit an itemized listing of these expenses)

Date the Case Was Settled: \_\_\_\_\_

Description of Injuries: \_\_\_\_\_

This information should be submitted along with a copy of this notice to:

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

SGLB08NGHP  
Page 3 of 3

From: 7176970625 Page: 5/5 Date: 12/14/201 17:25 AM

Learn about your letter at [www.msprc.info](http://www.msprc.info)

## **Final Settlement Detail Document**

Beneficiary Name:  
 Medicare Number:  
 Date of Incident:

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. See 42 C.F.R. 411.37. In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute – for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

Total Amount of the Settlement: \_\_\_\_\_  
 Total Amount of Med-Pay or PIP: \_\_\_\_\_  
 Attorney Fee Amount Paid by the Beneficiary: \_\_\_\_\_  
 Additional Procurement Expenses Paid by the Beneficiary: \_\_\_\_\_  
 (Please submit an itemized listing of these expenses)  
 Date the Case Was Settled: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

This information should be submitted along with a copy of this notice to:

Medicare Secondary Payer Recovery Contractor  
 MSPRC-NGHP  
 Post Office Box 138832  
 Oklahoma City, OK 73113

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/IDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.

**Tarpley, John R.**

---

**From:** RISX-FACS@gbtpa.com  
**Sent:** Monday, January 07, 2013 10:20 AM  
**To:** Tarpley, John R.  
**Subject:** GB Claim #000709-039731-GB-01  
  
**Attachments:** EX201212184974D357D4324682BACA112181D1CD2A.PDF



EX20121218497  
57D4324682BAC

John:

The plaintiff is Medicare eligible. Attached, please find the letter from MSPRC advising their payout was \$0.

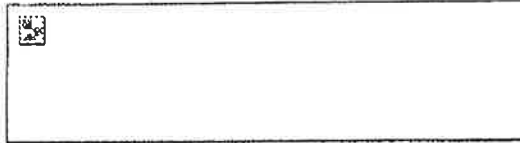
Steve

Created via [www.risxfacs.com\(ClaimFileImageEmail.asp\)](http://www.risxfacs.com(ClaimFileImageEmail.asp))

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101 RIVERFRONT BOULEVARD, SUITE 100  
BRADENTON, FLORIDA 34205  
PHONE (941) 798-2098 FAX (941) 798-3403  
WWW.GOULDANDLAMB.COM

FACSIMILE TRANSMITTAL SHEET

Gould & Lamb

12/14/2012

Ecker

Michael Schaeffer  
Gallagher Bassett - Harrisburg CV, PA - 179  
4 Flowers Drive  
Mechanicsburg, PA 17050

RECEIVED OF  
HARRISBURG, CV, P.A.  
2012 DEC 17 A 10:08  
GALLAGHER BASSETT  
SERVICES, INC.

RE: Darlene Hasler

Claim #: 000709-039731-GB-01

Gould & Lamb (G&L) has been informed by The Medicare Secondary Payer Recovery Contractor (MSPRC) that Darlene Hasler has \$0.00 in conditional payments related to this claim. This conditional payment amount is not final and is subject to change until a settlement is reached.

At the time of settlement, if you would like G&L to proceed with a Final Demand Request Service of the conditional payment amount, please provide the following:

- The signed and dated executed settlement/resolution agreement showing the total amount of the settlement and closing statement reflecting the actual amount of the attorney's fees and procurement costs
- MSPRC Final Demand Worksheet (enclosed)

The attached report is password protected in order to comply with HIPAA. To open it, use the last 4 digits of the Claimant's Social Security Number or your designated password.

Should you have questions/concerns, please contact me at the numbers/email address listed below.

Regards,

Monika Mann  
Gould & Lamb, LLC  
101 Riverfront Boulevard, Suite 100  
Bradenton, FL 34205  
P 941 798 2098 x 1490  
F 941 798 3403  
[mmann@gouldandlamb.com](mailto:mmann@gouldandlamb.com)





**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

~~188-1-AB-0374~~

GOULD & LAMB

BRADENTON, FL 34205-8802

**\*COPY\***

For Information Only

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188 1 AB 0.374

DARLENE HASLER

BROWNSVILLE, TN 38012-6955

Beneficiary Name: HASLER, DARLENE  
Medicare Number: 836609770A  
Case Identification Number: 20121 8809001024  
Date of Incident: December 21, 2011

Dear DARLENE HASLER:

This letter follows a previous letter notifying you of Medicare's priority right to recovery as defined under the Medicare Secondary Payer provision. To date, Medicare has not paid any claims that currently appear related to the beneficiary's pending settlement, judgment, or award for the above-referenced incident.

It is possible that Medicare may have paid claims related to the date of incident but may not have

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

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Learn about your letter at [www.msprc.info](http://www.msprc.info)



been retrieved and/or included for the following reasons: the nature of the injury or illness has not been provided or is incomplete, or all claims have not been submitted by the providers. However, Medicare may pay related claims in the future. Therefore, when the case does settle, please complete the attached, "Final Settlement Detail Document" and return it to us. Upon receipt of the completed documents, we will perform a final search of Medicare claims history and notify you if a refund is due Medicare.

*Please note: If the underlying claim involves ingestion, exposure, implantation, or other non-trauma based injury, Medicare may have excluded the paid claims related to your case. Please contact the MSPRC immediately with a description of the injury so that we may associate the appropriate claims with the case.*

Should conditional payment information become available, it will be posted under the "MyMSP" tab of the [www.mymedicare.gov](http://www.mymedicare.gov) website. The information at [www.mymedicare.gov](http://www.mymedicare.gov) will be updated weekly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you/ your attorney with finalizing your settlement.

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. When sending any correspondence please provide the Beneficiary Name, Medicare Health Insurance Claim Number (the number on the Medicare card), and Case Identification Number (if known). This will allow us to associate the correspondence to the appropriate records.

Sincerely,

MSPRC  
Enclosure: Final Settlement Detail Document

CC: GOULD & LAMB  
CC: JAMES S HEYWOOD

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

SQLB08NGHP  
Page 2 of 3



Learn about your letter at [www.msprc.info](http://www.msprc.info)**Final Settlement Detail Document**

Beneficiary Name: HASLER, DARLENE

Medicare Number: 336609770A

Date of Incident: December 21, 2011

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. See 42 C.F.R. 411.37. In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute - for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

Total Amount of the Settlement:

Total Amount of Med-Pay or PIP:

Attorney Fee Amount Paid by the Beneficiary:

Additional Procurement Expenses Paid by the Beneficiary:

(Please submit an itemized listing of these expenses)

Date the Case Was Settled:

Description of Injuries:

This information should be submitted along with a copy of this notice to:

MSPRC LIABILITY

PO BOX 138832

OKLAHOMA CITY, OK 73113

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.

MSPRC LIABILITY  
PO BOX 138832  
OKLAHOMA CITY, OK 73113

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Page 3 of 3



Learn about your letter at [www.msprc.info](http://www.msprc.info)

## **Final Settlement Detail Document**

Beneficiary Name:  
Medicare Number:  
Date of Incident:

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Total Amount of the Settlement: \_\_\_\_\_  
Total Amount of Med-Pay or PIP: \_\_\_\_\_  
Attorney Fee Amount Paid by the Beneficiary: \_\_\_\_\_  
Additional Procurement Expenses Paid by the Beneficiary: \_\_\_\_\_  
(Please submit an itemized listing of these expenses)  
Date the Case Was Settled: \_\_\_\_\_

This information should be submitted along with a copy of this notice to:

Medicare Secondary Payer Recovery Contractor  
MSPRC-NGHP  
Post Office Box 138832  
Oklahoma City, OK 73113

If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.